

STATE OF CALIFORNIA
TRAFFIC COLLISION REPORT

PAGE **OF**

SPECIAL CONDITIONS		NUMBER INJURED	HIT & RUN PELONY	CITY		JUDICIAL DISTRICT		LOCAL REPORT NUMBER	
		NUMBER KILLED	HIT & RUN MISO.	COUNTY		REPORTING DISTRICT		BEAT	

LOCATION	COLLISION OCCURRED ON					MO.	DAY	YEAR	TIME (2400)	NOC #	OFFICER I.D.
	MILEPOST INFORMATION					DAY OF WEEK SMTWTFS			TOW AWAY <input type="checkbox"/> YES <input type="checkbox"/> NO	PHOTOGRAPHS BY:	
	FEET / MILES OF								STATE HWY REL. <input type="checkbox"/> YES <input type="checkbox"/> NO		
	<input type="checkbox"/> AT INTERSECTION WITH <input type="checkbox"/> OR: FEET / MILES OF								<input type="checkbox"/> NONE		

PARTY 1	DRIVER'S LICENSE NUMBER					STATE	CLASS	SAFETY EQUIP.	VEH. YEAR	MAKE / MODEL / COLOR			LICENSE NUMBER	STATE		
	DRIVER NAME (FIRST, MIDDLE, LAST)															
	STREET ADDRESS															
	CITY / STATE / ZIP															
	SEX	HAIR	EYES	HEIGHT	WEIGHT	MO.	BIRTHDATE DAY	YEAR	RACE	DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER						
	HOME PHONE () ()					BUSINESS PHONE () ()					PRIOR MECHANICAL DEFECTS: NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE <input type="checkbox"/>					
	INSURANCE CARRIER					POLICY NUMBER					CHP USE ONLY VEHICLE TYPE					
	DIR. OF TRAVEL					ON STREET OR HIGHWAY					SPEED LIMIT	PCF	DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK. <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD. <input type="checkbox"/> MAJOR <input type="checkbox"/> TOTAL			
											ICC <input type="checkbox"/> PUC <input type="checkbox"/> CHP <input type="checkbox"/>	SHADE IN DAMAGED AREA				
	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>															

PARTY 2	DRIVER'S LICENSE NUMBER					STATE	CLASS	SAFETY EQUIP.	VEH. YEAR	MAKE / MODEL / COLOR			LICENSE NUMBER	STATE		
	DRIVER NAME (FIRST, MIDDLE, LAST)															
	STREET ADDRESS															
	CITY / STATE / ZIP															
	SEX	HAIR	EYES	HEIGHT	WEIGHT	MO.	BIRTHDATE DAY	YEAR	RACE	DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER						
	HOME PHONE () ()					BUSINESS PHONE () ()					PRIOR MECHANICAL DEFECTS: NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE <input type="checkbox"/>					
	INSURANCE CARRIER					POLICY NUMBER					CHP USE ONLY VEHICLE TYPE					
	DIR. OF TRAVEL					ON STREET OR HIGHWAY					SPEED LIMIT	PCF	DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK. <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD. <input type="checkbox"/> MAJOR <input type="checkbox"/> TOTAL			
											ICC <input type="checkbox"/> PUC <input type="checkbox"/> CHP <input type="checkbox"/>	SHADE IN DAMAGED AREA				
	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>															

PARTY 3	DRIVER'S LICENSE NUMBER					STATE	CLASS	SAFETY EQUIP.	VEH. YEAR	MAKE / MODEL / COLOR			LICENSE NUMBER	STATE		
	DRIVER NAME (FIRST, MIDDLE, LAST)															
	STREET ADDRESS															
	CITY / STATE / ZIP															
	SEX	HAIR	EYES	HEIGHT	WEIGHT	MO.	BIRTHDATE DAY	YEAR	RACE	DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER						
	HOME PHONE () ()					BUSINESS PHONE () ()					PRIOR MECHANICAL DEFECTS: NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE <input type="checkbox"/>					
	INSURANCE CARRIER					POLICY NUMBER					CHP USE ONLY VEHICLE TYPE					
	DIR. OF TRAVEL					ON STREET OR HIGHWAY					SPEED LIMIT	PCF	DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK. <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD. <input type="checkbox"/> MAJOR <input type="checkbox"/> TOTAL			
											ICC <input type="checkbox"/> PUC <input type="checkbox"/> CHP <input type="checkbox"/>	SHADE IN DAMAGED AREA				
	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>															

PREPARER'S NAME					DISPATCH NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A					REVIEWER'S NAME					DATE REVIEWED				
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STATE OF CALIFORNIA
TRAFFIC COLLISION CODING

DATE OF COLLISION		TIME (2400)	NCIC NUMBER	OFFICER I.D.	PAGE
MO.	DAY	YEAR			
PROPERTY DAMAGE	OWNER'S NAME / ADDRESS				NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO
DESCRIPTION OF DAMAGE					

SEATING POSITION 	OCCUPANTS A - NONE IN VEHICLE B - UNKNOWN C - LAP BELT USED D - LAP BELT NOT USED E - SHOULDER HARNESS USED F - SHOULDER HARNESS NOT USED G - LAP / SHOULDER HARNESS USED H - LAP / SHOULDER HARNESS NOT USED J - PASSIVE RESTRAINT USED K - PASSIVE RESTRAINT NOT USED	SAFETY EQUIPMENT L - AIR BAG DEPLOYED M - AIR BAG NOT DEPLOYED N - OTHER P - NOT REQUIRED CHILD RESTRAINT Q - IN VEHICLE USED R - IN VEHICLE NOT USED S - IN VEHICLE USE UNKNOWN T - IN VEHICLE IMPROPER USE U - NONE IN VEHICLE	M/C BICYCLE - HELMET DRIVER V - NO W - YES PASSENGER X - NO Y - YES	EJECTED FROM VEHICLE 0 - NOT EJECTED 1 - FULLY EJECTED 2 - PARTIALLY EJECTED 3 - UNKNOWN
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ITEMS MARKED BELOW FOLLOWED BY AN ASTERISK (*) SHOULD BE EXPLAINED IN THE NARRATIVE.

PRIMARY COLLISION FACTOR LIST NUMBER (#) OF PARTY AT FAULT	TRAFFIC CONTROL DEVICES	1	2	3	TYPE OF VEHICLE	1	2	3	MOVEMENT PRECEDING COLLISION
# A VC SECTION VIOLATED: <input type="checkbox"/> YES <input type="checkbox"/> NO	A CONTROLS FUNCTIONING				A PASSENGER CAR / STATION WAGON				A STOPPED
# B OTHER IMPROPER DRIVING * :	B CONTROLS NOT FUNCTIONING *				B PASSENGER CAR W / TRAILER				B PROCEEDING STRAIGHT
	C CONTROLS OBSCURED				C MOTORCYCLE / SCOOTER				C RAN OFF ROAD
	D NO CONTROLS PRESENT / FACTOR *				D PICKUP OR PANEL TRUCK				D MAKING RIGHT TURN
C OTHER THAN DRIVER *	TYPE OF COLLISION				E PICKUP / PANEL TRUCK W / TRAILER				E MAKING LEFT TURN
D UNKNOWN *	A HEAD - ON				F TRUCK OR TRUCK TRACTOR				F MAKING U TURN
# E FELL ASLEEP *	B SIDESWIPE				G TRUCK / TRUCK TRACTOR W / TRLR.				G BACKING
	C REAR END				H SCHOOL BUS				H SLOWING / STOPPING
WEATHER (MARK 1 TO 2 ITEMS)	D BROADSIDE				I OTHER BUS				I PASSING OTHER VEHICLE
A CLEAR	E HIT OBJECT				J EMERGENCY VEHICLE				J CHANGING LANES
B CLOUDY	F OVERTURNED				K HIGHWAY CONST. EQUIPMENT				K PARKING MANEUVER
C RAINING	G VEHICLE / PEDESTRIAN				L BICYCLE				L ENTERING TRAFFIC
D SNOWING	H OTHER * :				M OTHER VEHICLE				M OTHER UNSAFE TURNING
E FOG / VISIBILITY FT.	MOTOR VEHICLE INVOLVED WITH				N PEDESTRIAN				N XING INTO OPPOSING LANE
F OTHER * :	A NON - COLLISION				O MOPED				O PARKED
G WIND	B PEDESTRIAN								P MERGING
LIGHTING	C OTHER MOTOR VEHICLE								Q TRAVELING WRONG WAY
A DAYLIGHT	D MOTOR VEHICLE ON OTHER ROADWAY	1	2	3	OTHER ASSOCIATED FACTOR(S) (MARK 1 TO 2 ITEMS)				
B DUSK - DAWN	E PARKED MOTOR VEHICLE								
C DARK - STREET LIGHTS	F TRAIN								
D DARK - NO STREET LIGHTS	G BICYCLE				A VC SECTION VIOLATION: <input type="checkbox"/> YES <input type="checkbox"/> NO				SOBRIETY - DRUG PHYSICAL (MARK 1 TO 2 ITEMS)
E DARK - STREET LIGHTS NOT FUNCTIONING *	H ANIMAL :				B VC SECTION VIOLATION: <input type="checkbox"/> YES <input type="checkbox"/> NO				
ROADWAY SURFACE	I FIXED OBJECT :				C VC SECTION VIOLATION: <input type="checkbox"/> YES <input type="checkbox"/> NO				
A DRY	J OTHER OBJECT :				D				
B WET					E VISION OBSCUREMENT :				
C SNOWY - ICY					F INATTENTION * :				B HBD - UNDER INFLUENCE
D SLIPPERY (MUDDY, OILY, ETC.)					G STOP & GO TRAFFIC				C HBD - NOT UNDER INFLUENCE *
ROADWAY CONDITION(S) (MARK 1 TO 2 ITEMS)	PEDESTRIAN'S INVOLVED				H ENTERING / LEAVING RAMP				D HBD - IMPAIRMENT UNKNOWN *
A HOLES, DEEP RUT *	A NO PEDESTRIAN INVOLVED				I PREVIOUS COLLISION				E UNDER DRUG INFLUENCE *
B LOOSE MATERIAL ON ROADWAY *	B CROSSING IN CROSSWALK AT INTERSECTION				J UNFAMILIAR WITH ROAD				F IMPAIRMENT - PHYSICAL *
C OBSTRUCTION ON ROADWAY *	C CROSSING IN CROSSWALK - NOT AT INTERSECTION				K DEFECTIVE VEH. EQUIP. : <input type="checkbox"/> YES <input type="checkbox"/> NO				G IMPAIRMENT NOT KNOWN
D CONSTRUCTION - REPAIR ZONE	D CROSSING - NOT IN CROSSWALK				L UNINVOLVED VEHICLE				H NOT APPLICABLE
E REDUCED ROADWAY WIDTH	E IN ROAD - INCLUDES SHOULDER				M OTHER * :				I SLEEPY / FATIGUED
F FLOODED *	F NOT IN ROAD				N NONE APPARENT				SPECIAL INFORMATION
G OTHER * :	G APPROACHING / LEAVING SCHOOL BUS				O RUNAWAY VEHICLE				A HAZARDOUS MATERIAL
H NO UNUSUAL CONDITIONS									

SKETCH <div style="text-align: center; margin-top: 50px;"> INDICATE NORTH </div>	MISCELLANEOUS
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INJURED / WITNESSES / PASSENGERS

PAGE

DATE OF COLLISION				TIME (2400)		NCIC NUMBER				OFFICER I.D.		NUMBER							
WITNESS ONLY	PASSENGER ONLY	AGE	SEX	EXTENT OF INJURY ("X" ONE)				INJURED WAS ("X" ONE)				PARTY NUMBER	SEAT POS.	SAFETY EQUIP.	EJECTED				
				FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	DRIVER	PASS.	PED.	BICYCLIST					OTHER			
<input type="checkbox"/> #	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
NAME / D.O.B. / ADDRESS												TELEPHONE							
(INJURED ONLY) TRANSPORTED BY:												TAKEN TO:							
DESCRIBE INJURIES																			
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																			
<input type="checkbox"/> #	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
NAME / D.O.B. / ADDRESS												TELEPHONE							
(INJURED ONLY) TRANSPORTED BY:												TAKEN TO:							
DESCRIBE INJURIES																			
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																			
<input type="checkbox"/> #	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
NAME / D.O.B. / ADDRESS												TELEPHONE							
(INJURED ONLY) TRANSPORTED BY:												TAKEN TO:							
DESCRIBE INJURIES																			
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																			
<input type="checkbox"/> #	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
NAME / D.O.B. / ADDRESS												TELEPHONE							
(INJURED ONLY) TRANSPORTED BY:												TAKEN TO:							
DESCRIBE INJURIES																			
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																			
<input type="checkbox"/> #	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
NAME / D.O.B. / ADDRESS												TELEPHONE							
(INJURED ONLY) TRANSPORTED BY:												TAKEN TO:							
DESCRIBE INJURIES																			
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																			
PREPARER'S NAME																			
I.D. NUMBER				MO.		DAY		YEAR		REVIEWER'S NAME				MO.		DAY		YEAR	

STATE OF CALIFORNIA
FACTUAL DIAGRAM

PAGE

DATE OF COLLISION		TIME (2400)	NCIC NUMBER	OFFICER I.D.	NUMBER
MO.	DAY	YR.			

ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED (SCALE =



INDICATE
NORTH

DRAWN BY	I.D. NUMBER	MO. DAY YR.	REVIEWER'S NAME	MO. DAY YR.